

Dear Counselor:

RENCE:

7-19-05

James E Ross Jr

REDACTED

I am a Detainee In the Department of Correction D.C.C IN Smyrna. I was charged with 3 Charges of Assault out side the Institution. I Defendant James Ross Jr SBI CC167506 Have know write-ups IN side the Institution, I've been house IN the Shoe Building SENSE 3-22-C5. I haven't been convicted of ANY CHARGES NOT EVEN A WRITE-UP I'm force to serve time like I've been Sentence by A Judge. But I don't have A Status Sheet Because I haven't been convicted OR Sentence by A judge. I'm force to serve time on Level-5 IN the Shoe housing Unit SH.U 18 DU9. The Counselor Says I'm A REST But haven't Show me ANY paper work to Support her saying. What you mean by I'm A REST, I have know Institutional-write-ups. I'm being mis treated. Im locked-up 24 Hours A day. AND HAVE Rec 3-days out of A week sometimes twice 15-Dollars every two weeks Commissary. every time I leave the Cell Im handcuff From Behind And leave the tier Im Shackle. I ASK myself how much longer am I going to be punish. AND Im Not even Sentence by A judge. I receive one Phone Call a week. NO TV. Sincerely stated CC

James E Ross Jr

SUPERIOR COURT CRIMINAL DOCKET
(as of 01/03/2006)

Page 2

State of Delaware v. JAMES E ROSS
 State's Atty: RICHARD J ZEMBLE , Esq.
 Defense Atty:

DOB: /1963
 AKA: JAMES ROSS
 JEROME ROSS

No.	Event Date	Event	Judge
		DATE: 06/20/05 @ 1:45/10-C FILED BY BARTLEY.	
9	05/31/2005	CASE REVIEW CALENDAR - 10-C FILED BY: BRIAN BARTLEY (PD)	
10	05/31/2005	MOTION TO DISMISS FILED PROSE. REFERRED TO COUNSEL OF RECORD.	
11	05/31/2005	MOTION FOR REDUCTION OF BAIL FILED PROSE. REFERRED TO COUSEL OF RECORD.	
12	06/02/2005	REFERRAL TO COUNSEL MEMORANDUM FILED. ATTACHING LETTER/DOCUMENT FROM DEFENDANT. REFERRED TO DEFENSE COUNSEL AS ATTORNEY OF RECORD. COPY OF DEFENDANT'S LETTER NOT REVIEWED BY THE COURT AND NOT RETAINED WITH THE COURT'S FILE. PLEASE ADVISE YOUR CLIENT THAT FURTHER COMMUNICATIONS REGARDING THIS CASE SHOULD BE DIRECTED TO YOU. B. BARLEY REFERRED BY: S. NAPIER	
	06/20/2005	FINAL CASE REVIEW: NO PLEA/SET FOR TRIAL_10/18/2005	SLIGHTS JOSEPH R. III
13	06/20/2005	ORDER SCHEDULING TRIAL FILED. TRIAL DATE: 10/18/2005 CASE CATEGORY: 2 ASSIGNED JUDGE (CATEGORY 1 CASES ONLY): UNLESS THE COURT IS ADVISED WITHIN 2 WEEKS OF THE UNAVAILABILITY OF NECESSARY WITNESSES, THE COURT WILL CONSIDER THE MATTER READY FOR TRIAL. ABSENT EXCEPTIONAL CIRCUMSTANCES, RESCHEDULING OR CONTINUANCE REQUESTS WILL BE DENIED.	SLIGHTS JOSEPH R. III
14	06/20/2005	DISCOVERY ORDER FILED: STATE MUST PROVIDE OUTSTANDING DISCOVERY BY 9/15/05. IF STATE FAILS TO COMPLY, COURT WILL CONSIDER REMEDIAL SANCTIONS UPON REQUEST OF DEF. IF STATE DOES NOT COMPLY, DEF SHALL MOVE TO COMPEL W/I 5 DAYS FROM DISCOVERY DUE DATE. IF DEF FAILS TO CHALLENGE STATE'S FAILURE, DEF IS DEEMED TO HAVE WAIVED OBJECTION TO FAILURE TO PROVIDE DISCOVERY. NO FUTURE EVENTS WILL BE CONTD DUE TO STATE'S FAILURE UNLESS DEF OBJECTS IN TIMELY FASHION. PARTIES ARE ON NOTICE THE COURT WILL ENFORCE THIS ORDER STRICTLY.	SLIGHTS JOSEPH R. III
15	09/26/2005	SUBPOENA(S) MAILED FOR JURY TRIAL ON 10/18/05 @ 8:45 AM.	
19	10/05/2005	SUBPOENA(S) RETURNED. NON EST	
17	10/17/2005		

SUPERIOR COURT CRIMINAL DOCKET
(as of 01/03/2006)

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State of Delaware v. JAMES E ROSS
 State's Atty: RICHARD J ZEMBLE , Esq.
 Defense Atty:

AKA: JAMES ROSS
 JEROME ROSS

DOB: /1963

No.	Event Date	Event	Judge
		AFFIDAVIT FILED. REFERRED TO COUNSEL OF RECORD FOR REVIEW.	
	10/18/2005	TRIAL CALENDAR-CONTINUED. DEFENSE REQUEST. DEFENSE ATTY. IN TRIAL. NEW TRIAL DATE: 10/27/05 @ 9:00.	SILVERMAN FRED S.
16	10/18/2005	ORDER SCHEDULING TRIAL FILED VIA E-MAIL. TRIAL DATE: 10/27/05 CASE CATEGORY: #2 ASSIGNED JUDGE (CATEGORY 1 CASES ONLY): UNLESS THE COURT IS ADVISED WITHIN 2 WEEKS OF THE UNAVAILABILITY OF NECESSARY WITNESSES, THE COURT WILL CONSIDER THE MATTER READY FOR TRIAL. ABSENT EXCEPTIONAL CIRCUMSTANCES, RESCHEDULING OR CONTINUANCE REQUESTS WILL BE DENIED.	
18	10/19/2005	REFERRAL TO COUNSEL MEMORANDUM FILED. ATTACHING LETTER/DOCUMENT FROM DEFENDANT. REFERRED TO DEFENSE COUNSEL AS ATTORNEY OF RECORD. COPY OF DEFENDANT'S LETTER NOT REVIEWED BY THE COURT AND NOT RETAINED WITH THE COURT'S FILE. PLEASE ADVISE YOUR CLIENT THAT FURTHER COMMUNICATIONS REGARDING THIS CASE SHOULD BE DIRECTED TO YOU. BRIAN BARTLEY REFERRED BY: S. NAPIER	
	10/27/2005	TRIAL CALENDAR- WENT TO TRIAL JURY	JOHNSTON MARY MILLER
20	10/28/2005	CHARGE TO THE JURY FILED.	
21	10/28/2005	JURY TRIAL HELD BEFORE JUDGE JOHNSTON AND JURY ON 10/27/05 & 10/28/05 (2 DAYS). JURY FOUND DEFT NOT GUILTY ON ALL CHARGES - ASSAULT IN DET. FACILITY - 3 CTS. (0231, 0232 & 0233). EVIDENCE RETURNED TO STATE 10/27/05 -STATE REQUESTED TO BE ALLOWED TO QUESTION DEFT, IF DEFT TESTIFIES, ABOUT ALL CRIMINAL RECORDS - DEFT OBJECTS - COURT RULED STATE MAY ASK ABOUT LAST 3 FELONIES IN PAST 10 YEARS BUT NOT QUESTION DEFT ABOUT OTHER CHARGES. 10/27/05 - DEFT MOTION FOR MISTRIAL DUE TO NOT HAVING RECEIVED A MEDICAL REPORT - STATE DOES NOT HAVE REPORT - STATE AND DEFT STIP. 10/27/05 - DEFT MOTION FOR JUDGMENT OF AQUITTAL ON CTS 1 & 2 - DENIED. COURT ALLOWED LESSERS ON CTS 1 & 3 COURT REQUESTED VOP HEARING 11/1/05 AG - R. ZEMBLE DEFT - B. BARTLEY CC - SHERR (REDMOND FOR VERDICT)	JOHNSTON MARY MILLER

SUPERIOR COURT CRIMINAL DOCKET
(as of 01/03/2006)

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State of Delaware v. JAMES E ROSS
State's Atty: RICHARD J ZEMBLE , Esq.
Defense Atty:

AKA: JAMES ROSS
JEROME ROSS

DOB: '1963

No.	Event Date	Event	Judge

22	10/28/2005	CR - VERECHIA RELEASE FAXED TO DCC	

*** END OF DOCKET LISTING AS OF 01/03/2006 ***
PRINTED BY: CSCVELL



PUBLIC DEFENDER OF THE STATE OF DELAWARE
ELBERT N. CARVEL STATE OFFICE BUILDING
820 NORTH FRENCH STREET, THIRD FLOOR
P.O. BOX 8911
WILMINGTON, DELAWARE 19801

LAWRENCE M. SULLIVAN
PUBLIC DEFENDER

BRIAN J. BARTLEY
CHIEF DEPUTY

TELEPHONE

(302) 577-5160

January 3, 2006

James E. Ross
SBI No. 00167506
Sussex Halfway House
Rt. 113
Georgetown, DE 19947

RE: James E. Ross v. State of Delaware
No. 589, 2005

Dear Mr. Ross:

Please be advised that Nicole M. Walker, Esquire of our Appellate Unit has been assigned to represent you in connection with the appeal you filed from the November 1, 2005 Violation of Probation Sentencing.

Miss Walker can be reached at the above address. Her telephone number is 302-577-5121.

I understand that Ms. Walker is in the process of trying to arrange a video teleconference to discuss your case with you.

I understand that you have been transferred to Sussex VOP Center. Please find enclosed copies of the November 1, 2005 and December 23, 2005 VOP Sentencing Orders. I understand that the December 23, 2005 VOP was dismissed and you found not to be in violation.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Brian J. Bartley".

Brian J. Bartley
Assistant Public Defender

BJB/ef

cc: Nicole M. Walker, Esq. (with enclosures)

SPECIAL CONDITIONS BY ORDER

STATE OF DELAWARE
VS.
JAMES E ROSS
DOB: /1963
SBI: 00167506

CASE NUMBER:
0303007243

Upon full payment of court obligations, level 4 program is suspended.

NOTES

The substance abuse evaluation and treatment ordered on the original sentence are hereby eliminated.

=====
The VOP Sentence Order dated February 18, 2005 is hereby modified to change the hold level from 5 to 3 pending placement at work release. Upon payment in full of all financial obligations, this probation is discharged as unimproved.

SO ORDERED.

Johnston, J.

JUDGE MARY M JOHNSTON

LIST OF ALIAS NAMES

STATE OF DELAWARE
VS.
JAMES E ROSS
DOB: '1963
SBI: 00167506

CASE NUMBER:
0303007243

JAMES E ROSSBEY
JEROME ROSS

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE
IN AND FOR KENT COUNTY

STATE OF DELAWARE

VS.

JAMES E ROSS

Alias: See attached list of alias names.

DOB: 1/1963
SBI: 00167506

CASE NUMBER:
0303007243

CRIMINAL ACTION NUMBER:
VK03-03-1037-02
VIOL O/PROBATN
ORIG. CHARGE:
ATT. PWITD NSII(F)

VIOLATION OF PROBATION SENTENCE ORDER

NOW THIS 23RD DAY OF DECEMBER, 2005, IT IS THE ORDER OF
THE COURT THAT: The defendant is found not in violation.
Defendant is sentenced as follows:

AS TO VK03-03-1037-02 : TIS 11 Del.C.05310001FC
VIOL O/PROBATN - VIOLATION DISMISSED

Effective December 23, 2005 the defendant is sentenced
as follows:

- The defendant is not found in violation. Probation is
continued as previously imposed.

LIST OF ALIAS NAMES

STATE OF DELAWARE

VS.

JAMES E ROSS

DOB: /1963

SBI: 00167506

CASE NUMBER:

0303007243

JAMES E ROSSBEY

JEROME ROSS

SPECIAL CONDITIONS BY ORDER

STATE OF DELAWARE
VS.
JAMES E ROSS
DOB: '1963
SBI: 00167506

CASE NUMBER:
0303007243

NO SPECIAL CONDITIONS AT ORDER LEVEL

NOTES

The defendant is to go to Sussex County Work Release Center.

JUDGE JAMES T VAUGHN JR.

Offender Status Sheet

Date: 12/28/2005

SBI #: 00167506 Name: JAMES E ROSS
 Location(s): SCCC Level(s): 4H Race: BLACK DOB: /1963
 AKA: JAMES E ROSS; JAMES E ROSS; JAMES E ROSS; JAMES E ROSSBEY; JEROME ROSS
 Offender Type: Sentenced Officer(s): Swrc K - Z Virtual, User Virt(12)

Level: 4H

Start Date: 03/22/2005 MED: 03/21/2006 STRD: 02/25/2006 ADJ: 02/20/2006 PED: Statutory Days Earned: 24.00

CASE#/ Court/ Type	CRA#/ Judge	Charge Desc/ Sen. Type/ Sentence Date	Status/ Eff. Date	Length			Start Dt	MED	STRD	Adj Date	CR Wk
				Y	M	D					
0303007243	VK0303103702	VIOL O/PROBATN	Current	1	0	0	03/22/2005	03/21/2006	02/25/2006	02/20/2006	
U7	Mary M Johnston	STANDARD	11/01/2005	03/22/2005							

Special Conditions:

CRA#	Level	Code	Condition Description	Condition Comments
VK0303103702	4H	CRT1	Other Conditions:	AS TO VN03-03-1037 (VOP = PWITD) SENTENCED TO 4 YEARS LEVEL 5, SUSPENDED FOR 1 YEAR LEVEL 4 HOME CONFINEMENT, WHICH IS SUSPENDED AFTER PAYMENT IN FULL OF \$1,800. HOLD AT LEVEL 5 UNTIL SPACE IS AVAILABLE AT LEVEL 4 HC. ** DISCHARGED ONCE FINANCIAL OBLIGATIONS ARE PAID IN FULL. DH SENT WAS MOD TO W/R THE ADJ. DATE REFLECTS THE DEDUCTION OF ALL MERITORIOUS GT CREDITS EARNED AT SCCC IN THE SWRU PROGRAM. THIS IS YOUR FINAL RELEASE DATE/CAR

SENTENCING WORKSHEET/COMMITMENT/RELEASE

Defendant James E. [unclear]
 Sent Judge [unclear]
 Ct. Clerk [unclear]
 Def. Atty. [unclear]

Sentence Date 12-2-05
 Date of Birth 1-12-3
 SBI # 101075210
 Ct. Rptr. 732 9116
 State's Atty [unclear]

Cr.A.No. 12-13-03 1037 Charge 1st Degree Murder Eff.Sent.Date _____; or
 ID/Duc# 020307243 ()consecutive to sentence now serving.

1. Probation is revoked(☒): continued ()
 2. Costs of prosecution (): suspended () **Violation** TIS or NON-TIS
 3. Costs this charge \$ Dismissed
 4. Fine of \$ _____: Amount suspended \$ _____ ()18% ()15%
 5. Custody for (time) _____ at Level _____, giving credit for _____,
 ending on _____. () 11 Del. C. § 4204(k) applies.
 () a. Mandatory incarceration _____ per statute _____.
 () b. Suspended after _____ for _____ at Level _____,
 suspended after _____ for _____ at Level _____.
 () c. Restitution ordered.
 () d. Level IV sentence--hold at Level _____ until space is available at Level 4.
 () e. Guilty but mentally ill verdict; to be confined at State Hospital until competent to return
 to correctional custody.

Cr.A.No. _____ Charge _____ Eff.Sent.Date _____; or
 ID/Duct# _____ ()consecutive to sentence now serving.

1. Probation is revoked(): continued () or()consecutive to above # _____
 2. Costs of prosecution (): suspended () or()concurrent prob. to# _____
 3. Costs this charge \$ _____ TIS or NON-TIS
 4. Fine of \$ _____: Amount suspended \$ _____ ()18% ()15%
 5. Custody for (time) _____ at Level _____, giving credit for _____,
 ending on _____. () 11 Del. C. § 4204(k) applies.
 () a. Mandatory incarceration _____ per statute _____.
 () b. Suspended after _____ for _____ at Level _____,
 suspended after _____ for _____ at Level _____.
 () c. Restitution ordered.
 () d. Level IV sentence--hold at Level _____ until space is available at Level 4.
 () e. Guilty but mentally ill verdict; to be confined at State Hospital until competent to return
 to correctional custody.

AS TO ALL CHARGES:

- () a. Pay restitution, fines, costs, etc. () during probation () as previously ordered.
 () b. Work referral.
 () c. Cost of supervision: \$ _____ per month - () determined by PO
 () d. Community service hours _____
 () e. No contact with _____
 () f. No driving for _____
 () g. Substance abuse evaluation. () k. All special conditions are reimposed.
 () h. Mental health evaluation.
 () i. Special program: () Residential drug/alc () Outpatient drug/alc
 () Home Confinement () Job Training () 21 Del.C. 4177
 () j. Other In go to Sussex Work Release Center

NOLLE PROS ENTERED:

() All remaining charges; or
 () Cr.A.Nos. _____

Lisa M. Leuman

Prothonotary

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE
IN AND FOR KENT COUNTY

STATE OF DELAWARE

VS.

JAMES E ROSS

Alias: See attached list of alias names.

DOB: /1963

SBI: 00167506

CASE NUMBER:
0303007243

CRIMINAL ACTION NUMBER:
VK03-03-1037-01
VIOL C/PROBATN
ORIG. CHARGE:
ATT. PWITD NSII(F)

COMMITMENT

MODIFIED VIOLATION OF PROBATION SENTENCE ORDER

NOW THIS 1ST DAY OF NOVEMBER, 2005, IT IS THE ORDER OF THE COURT THAT: the order dated February 18, 2005 is hereby modified as follows: The defendant is found in violation. Defendant is sentenced as follows:

AS TO VK03-03-1037-01 : TIS 11 Del.C.05310001FC
VIOL O/PROBATN - FOUND IN VIOLATION

Effective February 8, 2005 the defendant is sentenced as follows:

- The defendant is placed in the custody of the Department of Correction for 4 year(s) at supervision level 5

- Suspended for 1 year(s) at supervision level 4 WORK RELEASE

- Hold at supervision level 3

- Until space is available at supervision level 4 WORK RELEASE

Probation is concurrent to any probation now serving.

Bayhealth

Medical Center

KENT GENERAL
HC TAL**EMERGENCY**

ROSS, JAMES E
K04292-00280
758 SLAUGHTER ST
DOVER, DE 19904
SEX: M REL: BA DOB:
PHYSICIAN, EMERGENC

JR ERK
00-1183652
(302) 735-8551

/1963 41Y
10/18/04

DATE:

DOB:

INSTRUCTIONS FOR CARE FOLLOWING DISCHARGE FROM THE EMERGENCY DEPT:

Kent General Hospital Emergency Personnel are specially trained to deal with emergencies. While we are here to help with your immediate health problems the treatment you receive is not meant to take the place of the complete care your doctor will give you. We will advise your local family doctor what we have treated you for by sending him/her a copy of your Emergency Department record. In most cases, we recommend that you see your family doctor for follow-up care. If you do not have a family doctor, please tell us, and we will give you a list of names for you to choose from.

SPECIAL INSTRUCTIONS:

Q: Eng irritation due to pepper spray; continue Right Hand; Low side; RPP repeated
-Return for my second bloodwork test; keep 1 pin in your leg, 1 in your
femur. ↑ drawing from your arm on my other arm.

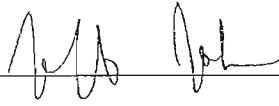
See DR also. Starts on 7 ~~400~~ jump

MEDICATION INSTRUCTIONS:

- ☐ Fill prescriptions and take medications according to directions.
- ☐ Do not drink alcohol or take sedatives with this medication.
- ☐ Do not drive, operate machinery, or perform dangerous tasks while taking this medication.
- ☐ Take this medication with food.

FOLLOW-UP INSTRUCTIONS:

- ☐ See your family doctor.
- ☐ Return to the Emergency Department.
- ☒ See Dr. Delmonico Robert M. 678-2900
- ☐ No work / school ☐ No gym / sports
- ☐ Light duty
- ☐ May return to work / school
- ☐ Call for Occupational Health appt.

PHYSICIAN SIGNATURE: **I UNDERSTAND THAT:**

I should see my family doctor or return to the Emergency Department if I become worse or develop further problems.

If x-rays were taken, they will be read by a radiologist and I may be called for a recheck or further x-rays if necessary.

I am responsible for arranging my follow-up care.

I have received the above instructions and they were explained to me by an emergency physician or nurse.

INSTRUCTED BY: DATE: 10/19/04TIME: 1310

I have read and understand these instructions.

RESPONSIBLE PARTY: 

1314KDR#8429200280

**FOR BILLING QUESTIONS,
PLEASE CALL 302-674-2202
Office Hours: 9AM - 4PM Mon. - Fri.**

Fax: 1-302-674-8359



END TO:


JAMES E ROSS
758 SLAUGHTER ST
DOVER, DE 19904

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11-13-04	\$37.00	8429200280

CHARGES AND CREDITS MADE AFTER STATEMENT
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

REMIT TO:  **PLEASE SEND ALL PAYMENTS AND
CORRESPONDENCE TO THIS ADDRESS.**

Kent Diagnostic Radiology
ASSOCIATES, P.A.
P. O. BOX 1256
DOVER, DE 19903-1256


Patient: JAMES E ROSS

] Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient: JAMES E ROSS

Referring Physician:JOHNSON, JEFFREY D.

Account No: 8429200280

Services Were Provided at: KENT GENERAL HOSP

[illegible]

**IF YOU HAVE INSURANCE PLEASE CALL OUR OFFICE.
THIS IS THE ONLY STATEMENT YOU WILL RECEIVE!**

KENT DIAGNOSTIC RADIOLOGY
ASSOCIATES, P.A.
P. O. BOX 1256
DOVER, DE 19903-1256
302-674-2202
Tax ID: 51-0330011

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

ARRAIGNMENT DATE: December 30, 2004

IN THE COURT OF COMMON PLEAS OF THE STATE OF DELAWARE
IN AND FOR KENT COUNTY

STATE OF DELAWARE)
VS.) INFORMATION BY THE
JAMES E. ROSS JR) ATTORNEY GENERAL
) CASE NUMBER: 0410014865
) K04-12-0375

The Attorney General of the State of Delaware by
Information alleges that JAMES E. ROSS JR did commit the
following offense:

#K04-12-0375

COUNT 1 A MISDEMEANOR

Resisting Arrest in violation of Title 11, Section 1257 of
the Delaware Code of 1974, as amended.

JAMES E. ROSS JR, on or about the 18th day of October,
2004, in the County of Kent, State of Delaware, did
intentionally attempt to prevent Pfc. Sherwood of the Dover
Police Department from effecting an arrest or detention of
himself by fleeing of foot from the officer.

____/S/ M. Jane Brady____
ATTORNEY GENERAL

DEPUTY ATTORNEY GENERAL
DATE: December 14, 2004

1	Report Date: 10/18/2004	Agency: D _r PD	Complaint: 50-04-027279
Reported Date and Time ON 10/18/2004 0859		Initial Crime Report	
Location: S NEW ST Dover, DE 19904		Occurred: MON 10/18/2004 0859	
1. and Incident Overview: FLED FROM WRITER AFTER BEING CONTACTED.			
10-000	Sector	County Kent	Domestic Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4-F-14 Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gen Broadcast Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Victim Information

Victim Number 01	Name						
Sex	Race	Ethnic Origin	Age	D.O.B.			
Society/Public	Resident Status	Home Telephone	Employer/School	Work Telephone			
Reporting Person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Comments				
Description of Injuries							

Suspect/Defendant Information

Sequence 01	Type Defendant	SBI Number 00167506	Name ROSS, JAMES E J		Nick Name			
Sex Male	Race Black	Ethnic Origin Non-Hispanic	Age 41	D.O.B. 09/14/1963	Height 5' 08"	Weight 172	Skin Tone	Eye Color Unknown
Hair Color Unknown	Hair Length Ear Top	Hair Style Braided	Facial Hair	Voice Speech	Teeth	Build Muscular	Glasses	
Disguise	Disguise Color(s)	Resident Status Full Time	Unusual Characteristics		Armed With Unarmed			
Address 158 SLAUGHTER ST DOVER, DE 19901	Home Telephone (302) 735-8551	Employer/School	Work Telephone					
Arrest Number 11467	Arrest Type Summoned	Suspect's Clothing Description						

Crimes and Associated Information

Victim Number 001	Crime Seq 001	Statute DE:11:1257:0000:M:A	Crime Description Resisting Arrest
Location Type Highway/Roadway/Alley		Status Adult Arrest 10/18/2004	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		General Offense	
Crime Code 4801 - Resisting Arrest			
Burglary Force Involved <input type="checkbox"/> Yes <input type="checkbox"/> No			

Victim - Suspect/Defendant Relationships

Victim - 001 Society/Public	Suspect/Defendant - 001 ROSS, JAMES E J	Victim Offender Relationship Victimless Crime
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Witness Information

Sequence 001	Type Witness	Name FEASTER, LONNIE	Sex Male	Race White	Age	D.O.B.
Address 400 S QUEEN ST Dover, DE 19904		Home Telephone (302) 736-7114	Employer/School	Work Telephone		
Sequence 002	Type Witness	Name DAVIS, JEFFREY	Sex Male	Race White	Age	D.O.B.
Address 400 S QUEEN ST Dover, DE 19904		Home Telephone (302) 736-7114	Employer/School	Work Telephone		
Sequence 003	Type Witness	Name HOPKINS, GREG	Sex Male	Race White	Age	D.O.B.
Address 400 S QUEEN ST Dover, DE 19904		Home Telephone (302) 736-7114	Employer/School	Work Telephone		
Sequence 004	Type Witness	Name GOTT, JEFFREY	Sex Male	Race White	Age	D.O.B.
Address 400 S QUEEN ST Dover, DE 19904		Home Telephone (302) 736-7114	Employer/School	Work Telephone		
Sequence 005	Type Witness	Name BARRETT, BOBBY	Sex Male	Race White	Age	D.O.B.

Reporting Officer
PFC SHERWOOD - 78585 2Supervisor Approval
SHAWN W HARRINGTON OJDVSWH Date 11/01/2004 2149

Report Date:	10/18/2004	Agency:	Do PD	Complaint:	50-04-027279
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5 Continued

Witness Information

Address 10 S QUEEN ST Over, DE 19904		Home Telephone (302) 736-7114		Employer/School		Work Telephone	
Witness 6	Type Witness	Name FIORVANTI, FRANK		Sex Male	Race White	Age	D.O.B.
Address 10 S QUEEN ST Over, DE 19904		Home Telephone (302) 736-7114		Employer/School		Work Telephone	
Witness 7	Type Witness	Name MARVEL, BENJAMIN		Sex Male	Race White	Age	D.O.B.
Address 10 S QUEEN ST Over, DE 19904		Home Telephone (302) 736-7114		Employer/School		Work Telephone	

Investigative Narrative

above date, time, and location writer responded to a suspicious person complaint. Upon arrival, writer contacted a B/M subject matching the description that was given. Writer asked the subject if he had any identification and for him to remove his hands from his pockets. The subject quickly removed his hands from his sweatshirt pockets and quickly placed them back into the same pockets. Writer then told the subject to remove his hands from his pockets again which time he fled on foot S/B on S. New St.. Writer and W-1 Ptlm. Feaster chased the subject who was reaching into his sweatpants pockets while he was running. The subject continued running W/B on W. Reed St., then S/B on S. Queen St. The Def was apprehended behind 105 S. Queen St. by W-3 Pfc. Hopkins, W-4 Pfc. Gott, W-5 Pfc. Barrett and W-6 Ptlm. Fiorvanti. The Def refused to give up his hands in order to be handcuffed. The Def was transported to Over P.D. by Ptlm. Turner who in turn transported the Def to KGH ER because he (Def) was complaining that he could not breathe. Writer advised the Def that he knew he (Def) ran because he had drugs on him and that he got rid of them during the foot chase. The Def acknowledged what writer said and stated "Yeah you're right." Writer issued the Def a Criminal Misdemeanor #01467 for Resisting Arrest. W-7 Pfc. Marvel advised writer that at around 1400 hrs. he observed the Def behind 105 S. Queen St. where he was apprehended looking and searching in the bushes and grass for something. Writer checked the area for the Def with negative results.

Reporting Officer PFC SHERWOOD - 78585 2		Supervisor Approval SHAWN W HARRINGTON OJDVSWH Date 11/01/2004 2149	
Detective Notified		Referred To	
Solvability Factors	<input type="checkbox"/> Witness <input type="checkbox"/> Suspect Located	<input type="checkbox"/> M. O. <input type="checkbox"/> Suspect Described	<input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified
Status Closed			



Bayhealth
Medical Center
 KENT GENERAL HOSPITAL
 PO BOX 828638
 PHILADELPHIA, PA 19182-8638

Patient Name: ROSS, JAMES E JR
Admit Date: 10/28/04 **Discharge Date:** 10/28/04
Doctor: CHRISTINA DYSART
Ins. Company: NO INSURANCE

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW.

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER		AMOUNT
SIGNATURE		EXPIRATION DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11-3-04	\$12.00	K04302-00378

CHARGES AND CREDITS MADE AFTER STATEMENT
 DATE WILL APPEAR ON NEXT STATEMENT.

**SHOW AMOUNT
 PAID HERE \$**

END TO:

0430200378 1 00000012 5
 JAMES E ROSS JR
 758 SLAUGHTER ST
 DOVER DE 19904

REM TO:

Bayhealth Medical Center
 PNC BANK
 PO BOX 828638
 PHILADELPHIA, PA 19182-8638

Please check box if above address is incorrect or insurance
 information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
 YOUR PAYMENT IN ENCLOSED ENVELOPE

DATE	DESCRIPTION OF SERVICES	AMOUNT
	270 Med Surg Supplies	12.00
	TOTAL CHARGES	12.00
	TOTAL PAYMENTS/ADJUSTMENTS	0.00
Thank you for choosing Bayhealth Medical Center for your healthcare needs. We have no health insurance information on file. If you have insurance that will cover these charges please contact Billing Support at Kent General (302)744-7081 or Milford Memorial (302)430-5727. Your prompt payment is always greatly appreciated. Thank you		

KENT GENERAL HOSPITAL
 PO BOX 828638
 PHILADELPHIA, PA 19182-8638

TOTAL CHARGES	\$12.00
ESTIMATED INSURANCE	\$0.00
PLEASE PAY THIS AMOUNT	\$12.00

Patient Name: ROSS, JAMES E JR
For all billing questions, call:
Admit Date: 10/28/04 **Discharge Date:** 10/28/04
Doctor: CHRISTINA DYSART
Ins. Company: NO INSURANCE

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

NOV 22 2004

DELAWARE STATE POLICE ACCIDENT INFORMATION

OPERATOR INFORMATION

NAME	Keeser, Robert		
ADDRESS	1079, Loresk, mHP		
CITY	Camden-Wyoming	STATE	DE
PHONE #			

VEHICLE INFORMATION

TAG #	257137	STATE	DE
YEAR	1992	MAKE	Toyota
MODEL	Corolla	COLOR	Red
INS. CO.	Peninsula		
POLICY #	21803-0108		

VEHICLE OWNER INFORMATION

NAME	SAA		
ADDRESS			
CITY		STATE	
PHONE			

ACCIDENT INFORMATION

DATE	10/25/04	TIME	6:52	AM	(PM)
LOCATION	N. main St. + W. Walnut				
COMPLAINT #	03-04-38976				

TROOPER NAME	Rash 979	PHONE #	607-4454
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-----detach here-----

To obtain a copy of the police report, you or your insurance company must submit a written request for a copy of the accident report.

1) Complete the below information, detach this portion of the page and mail to:

Delaware State Police Traffic Section
PO Box 430
Dover, DE 19903

2) Enclose a self-addressed stamped envelope and a payment of:

- ☐ \$25.00 (standard accident fee) **PLEASE MAKE PAYMENT PAYABLE TO: DELAWARE STATE POLICE**
☐ \$60.00 (fatal crash report)

Date of Accident: _____

Complaint # _____
(Required)

I would like to obtain a copy of the motor vehicle collision report involving:

_____ and _____ which occurred on
 (Operator #1) (Operator #2, Pedestrian, Victim, or Owner)
 (Required)

route no./road name _____, _____ miles _____ of _____
 (Required) (# of) (N,S,E,W) (City or Town) (Required)

 (your name) (Required)

 (daytime phone #)

 (your street address) (Required)

 (city, state) (Required)

 (zip code)

MAKE CHECKS PAYABLE TO:



Bayhealth
Medical Center
KENT GENERAL HOSPITAL
PO BOX 828638
PHILADELPHIA, PA 19182-8638

Patient Name: JAMES E ROSS JR

IF PAYING BY VI		MASTERCARD OR DISCOVER, FILL OUT BELOW	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	
CARD NUMBER		AMOUNT	
SIGNATURE		EXPIRATION DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.	
10/18/04	\$155.65	K0425900302	

CHARGES AND CREDITS MADE AFTER STATEMENT
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

ND TO:

00045921 1 00015565 7
JAMES E ROSS JR
758 SLAUGHTER ST
DOVER, DE 19904

REMIT TO:

Bayhealth Medical Center
PNC BANK
PO BOX 828638
PHILADELPHIA, PA 19182-8638

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

ACCOUNT NUMBER	PATIENT NAME	ADMIT DATE	DISCHARGE DATE	PATIENT TYPE
K0425900302	JAMES E ROSS JR	09/15/04	09/15/04	ERK SP

DATE	DESCRIPTION	AMOUNT
09/20/04	Billed Balance	\$155.65
	Account Balance	\$155.65
	Estimated Insurance Liability	\$0.00
	Patient Responsibility	\$155.65

Thank you for choosing Bayhealth Medical Center to meet your healthcare needs. According to our records, your account has an open balance, which is your responsibility.

If you believe this open balance is incorrect or you have additional insurance information to provide us, please contact our Billing Support Department at (302)744-7081 for Kent General Hospital or (302)430-5728 for Milford Memorial Hospital. Operating hours are Monday through Friday, 8:00 a.m. to 4:00 p.m.

PAY THIS AMOUNT	\$155.65
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SUMMARY OF ACCOUNTS FOR: JAMES E ROSS JR

KENT GENERAL HOSPITAL
PO BOX 828638
PHILADELPHIA, PA 19182-8638

BALANCE FORWARD OF ALL ACCOUNTS	155.65
TOTAL CHARGES AND ADJUSTMENTS	0.00
TOTAL INSURANCE PAYMENTS	0.00
TOTAL PATIENT PAYMENTS	0.00

TOTAL ACCOUNT BALANCE	155.65
ESTIMATIONS INSURANCE LIABILITY	0.00
GUARANTOR RESPONSIBILITY	

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



Bayhealth
Medical Center
KENT GENERAL HOSPITAL
PO BOX 828638
PHILADELPHIA, PA 19182-8638

Patient Name: ROSS, JAMES E JR
Admit Date: 10/18/04 **Discharge Date:** 10/18/04
Doctor: JEFFREY JOHNSON
Ins. Company: NO INSURANCE

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW.		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER		AMOUNT
SIGNATURE		EXPIRATION DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
10-25-04	\$763.75	K04292-00280

CHARGES AND CREDITS MADE AFTER STATEMENT
 DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

END TO:

0429200280 1 00000763 7
 JAMES E ROSS JR
 758 SLAUGHTER ST
 DOVER DE 19904

REMIT TO:

|||||
 BAYHEALTH MEDICAL CENTER
 PNC BANK
 PO BOX 828638
 PHILADELPHIA, PA 19182-8638

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DATE	DESCRIPTION OF SERVICES	AMOUNT
250	Pharmacy	5.50
258	Pharmacy IV Solution	36.00
259	Pharmacy Other	13.00
270	Med Surg Supplies	227.00
320	Radiology Diagnostic	192.00
450	Emergency Room	243.00
636	Drugs Requiring HCPCS	47.25
TOTAL CHARGES		763.75
TOTAL PAYMENTS/ADJUSTMENTS		0.00
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KENT GENERAL HOSPITAL
 PO BOX 828638
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TOTAL CHARGES	\$763.75
ESTIMATED INSURANCE	\$0.00
PLEASE PAY THIS AMOUNT	\$763.75

Patient Name: ROSS, JAMES E JR
For all billing questions, call:
Admit Date: 10/18/04 **Discharge Date:** 10/18/04
Doctor: JEFFREY JOHNSON
Ins. Company: NO INSURANCE

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



Kent General Hospital
Dover, DE 19901
(302) 744-7128

**EMERGENCY DEPARTMENT
After-Care Instructions**

CONTUSION

The Emergency Department doctor does not think that you need to stay in the hospital right now. This was decided based on what you told us about your symptoms, the examination by the doctor, and any tests that were done while you were in the Emergency Department.

What is a contusion?

A contusion is a deep bruise. It is caused by a collection of blood under the skin. It usually goes away in about 4 days.

Symptoms might include

- Pain
- Swelling
- Discoloration in the injured area
- Pain on motion or restricted motion may also be noticed

Treatment recommendations ("RICE"):

- Rest – Stop the activity that causes pain and protect the injured area using a splint, slings, or crutches as needed or as advised by an athletic trainer or physician. Other alternative activities are recommended as long as they do not cause pain.
- Ice – Ice the injury for 20 minutes 3 to 4 times daily, waiting at least 1 to 2 hours between icings.
- Compression – Use a compression wrap (such as an ace wrap) on the injury, removing it at night.
- Elevate – Keep the injured part elevated slightly above the level of the heart whenever possible.
- Over-the-counter pain medications, such as Tylenol®, may help alleviate pain.
- Use heat (heating pad on lowest setting or moist towels) **after** the first 48 hours. (Do NOT use heat while sleeping.)

RETURN TO THE EMERGENCY DEPARTMENT OR CONTACT YOUR PRIMARY CARE PROVIDER IF ANY OF THE FOLLOWING OCCUR:

- Increased pain, especially with passive motion.
- Swelling.
- Warmth.
- Redness to the area.
- Numbness or tingling to the area.
- Any new symptoms that worry you.

Kent General Hospital
Dover, DE 19901
(302) 744-7128

EMERGENCY DEPARTMENT
After-Care Instructions

LACERATION

The Emergency Department doctor does not think that you need to stay in the hospital right now. This was decided based on what you told us about your symptoms, the examination by the doctor, and any tests that were done while you were in the Emergency Department.

Laceration is the medical name for cut. Lacerations may be large or small. Some lacerations need stitches (also called sutures) to close them so that they will heal well. Stitches usually need to be placed within 6 hours of injury. There are times that a wound will be determined to be too old for stitches. Stitches are removed when the wound is strong enough to stay closed, which is usually in 3 – 15 days, depending on where the wound or cut is located. Some stitches dissolve by themselves and do not need to be removed. If you have been given a numbing medicine, there will be some pain when it wears off. The pain from the wound should begin to decrease within one day.

Treatment Recommendations:

- ~~Keep the wound clean and dry for the next two (2) days.~~
- Keep the dressing clean if at all possible. If you must work in surroundings that will dirty the wound or dressing, wear a protective covering such as a glove. If the wound accidentally becomes soiled, clean it as soon as possible with mild soap and water using a patting action. Do not rub or scrub vigorously. Then pat it dry completely.
- If a dressing was placed on the wound, a clean dressing should be applied at least daily and whenever you clean the wound.
- You can apply antibiotic ointment such as Bacitracin® ointment to the wound each time you change the dressing.
- Avoid use of the injured part as much as possible. If the wound is near a joint, try not to bend the joint too much.
- Elevate the injured part above your heart whenever possible to relieve throbbing.
- If you had sutures put in, you should see your doctor in 2-3 days to have the wound checked for any signs or symptoms of infection.
- Some sutures will dissolve by themselves. Others will need to be removed. Make an appointment with your family doctor to have the stitches removed on the date instructed by the doctor.
- The doctor may have prescribed an antibiotic medicine. The medicine should be taken until it is completely gone, even if you are feeling better. If you stop taking the medicine early, the infection may not be completely gone, and the medicine may not work the next time.

RETURN TO THE EMERGENCY DEPARTMENT OR CONTACT YOUR PRIMARY CARE PROVIDER IF ANY OF THE FOLLOWING OCCUR:

- Your wound becomes red, warm, swollen or more painful.
- Red streaks appear from the wound.
- You develop a fever or shaking chills.
- Pus or bad smelling fluid comes out of the wound.